

471-000-524 Nebraska Medicaid Practitioner Fee Schedule for Visual Care Services

To Determine the Medicaid Allowable:

1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically. This fee schedule includes only selected procedure codes. (A listing of all procedure code unit values is available from HHS.)

Note: For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedure Terminology (CPT). CPT procedure manuals are also available through private vendors.

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HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS website at <http://www.cms.hhs.gov> HCPCS procedure code manuals are available through private vendors.

2. LOCATE THE "UNIT VALUE" FOR THE PROCEDURE CODE. Unit values are listed to the right of the procedure code. Unit values do NOT represent dollar amounts. If "BR", "RNE", "IC", or a specific dollar amount is listed, go to Step #6 for special pricing. Unit values followed by (i) are interim values and subject to change.
3. DETERMINE THE "CONVERSION FACTOR" FOR THE TYPE OF SERVICE. The applicable conversion factors are listed on each fee schedule page.
4. MULTIPLY THE "UNIT VALUE" BY THE "CONVERSION FACTOR".
5. PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect their charge to the general public.
6. SPECIAL PRICING. Certain procedure codes will not have a unit value:
 - A. Some procedure codes will have actual dollar amounts listed. The dollar amount listed is the fee schedule allowable. No further calculations are required.
 - B. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service (and additional documentation, if applicable) is required for review.
 - C. "RNE" (Relative Value/Rate Not Established) - Paid at "reasonable charge" based on the service and circumstances.
 - D. "IC" (Invoice Cost) - Paid at invoice cost. An invoice must be submitted with the claim. Some of these services may also have an associated maximum allowable.

To determine the Medicaid allowable, multiply the unit value for the procedure by the conversion factor for the type of service. If the amount listed is a dollar amount (\$), do not multiply by the conversion factor. The dollar amount listed is the Medicaid allowable.

RNE = Rate not Established BR = By Report IC = Invoice Cost (i) = Interim Value

The Conversion Factor for procedure codes 60000-69999 is \$48.06.

CPT CODE	UNIT VALUE	CPT CODE	UNIT VALUE
65205	0.7	67825	1.3
65210	0.8	67938	0.9
65220	0.8	68530	9.7
65222	1.2	68761	1.9
65430	0.6	68801	1.0
67820	0.4	68840	1.0

The Conversion Factor for procedure codes 70000-79999 is \$19.02

UNIT VALUE CPT CODE	UNIT VALUE (Prof. Comp.)	UNIT VALUE (Tech. Comp.)	(Total Comp.)
76511	3.5	3.8	7.3
76512	3.8	4.5	8.3
76513	3.8	4.5	8.3
76514	0.5	0.1	0.6
76516	3.2	3.6	6.8
76519	3.2	3.6	6.8
76529	3.5	4.0	7.5

The Conversion Factor for procedure codes 90000-99999 is \$3.55.

The Conversion Factor for procedure codes (Primary Care Services) with (+) is \$4.09.

CPT CODE	UNIT VALUE (Prof. Component)	UNIT VALUE (Total Component)	CPT CODE	UNIT VALUE (Prof. Component)	UNIT VALUE (Total Component)
92002		\$32.84	92081		7.5
92004		\$51.27	92082		9.5
92012		\$32.84	92083		12.5
92014		\$44.21	92100		4.0
92015		\$14.20	92120		4.8 (per eye)
92020		10.0 (per eye)	92130		5.0 (per eye)
92060		8.0 (per eye)	92135		10.0 (per eye)
92065		6.0 (per eye)	92136		19.20 (per eye)
92070		28.0 (per eye)	92140		5.3 (per eye)
			92225		8.0 (per eye)

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The Conversion Factor for procedure codes 90000-99999 is \$3.55.

The Conversion Factor for procedure codes (Primary Care Services) with (+) is \$4.09.

CPT CODE	UNIT VALUE (Prof. Component)	UNIT VALUE (Total Component)	CPT CODE	UNIT VALUE (Prof. Component)	UNIT VALUE (Total Component)
92226		7.0 (per eye)	92341		\$65.69
92230		20.0	92342		\$77.06
92235	12.0	20.5	92352		\$65.69
92240	14.0	23.0	92353		\$77.06
92250	13.0	16.5	92354		Not covered
92260		11.0	92355		Not covered
92265	15.0	17.5	92358		14.0
92270	15.0	17.5	92370		\$26.53
92275	15.0	17.5 (per eye)	92371		\$26.53
92283	7.0	10.0	92390		Use V2020-V2799
92284	6.0	8.5	92391		Use V2020-V2799
92285	2.5	3.5 (per eye)	92392		Not covered
92286	13.0	15.0 (per eye)	92393		Use V2020-V2799
92287		12.0 (per eye)	92395		Use V2020-V2799
92310		24.0	92396		Use V2020-V2799
92311		26.0	92499		BR
92312		28.0	92531		2.5
92313		28.0	92532		3.4
92314		Not covered	92533		2.0
92315		Not covered	92534		1.0
92316		Not covered	99070		BR
92317		Not covered	99082		\$1.00/mile (one way beyond 10 miles)
92325		7.0			
92326		8.0	99201+		6.5
92330		28.0	99202+		9.5
92335		21.0	99203+		14.0
92340		\$65.69			

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The Conversion Factor for procedure codes 90000-99999 is \$3.55.

The Conversion Factor for procedure codes (Primary Care Services) with (+) is \$4.09.

CPT CODE	UNIT VALUE	CPT CODE	UNIT VALUE
99204+	20.0	99281	\$ 18.82
99205+	26.0	99282	\$ 31.95
99211+	3.5	99283	\$ 47.93
99212+	6.0	99284	\$ 56.80
99213+	9.0	99285	\$ 92.30
99214+	13.5	99288	\$142.00
99215+	19.5	99311+	7.5
99217	9.0	99312+	12.0
99218	12.0	99313+	19.5
99219	21.5	99321+	8.3
99220	27.0	99322+	12.5
99221	12.5	99323+	19.0
99222	22.0	99331+	7.3
99223	28.5	99332+	10.0
99231	7.5	99333+	13.0
99232	12.0	99341+	10.0
99233	20.0	99342+	12.5
99234	23.0	99343+	16.8
99235	32.5	99344+	22.0
99236	39.0	99345+	29.0
99241	12.0	99347+	8.0
99242	17.0	99348+	11.0
99243	22.0	99349+	15.3
99244	28.0	99350+	25.0
99245	38.0	99371	\$2.64 (Restricted
99251	13.0		to physician-to-
99252	18.0		physician calls)
99253	23.0	99372	\$2.64 (Restricted
99254	30.0		to physician-to-
99255	40.0		physician calls)
99261	6.0	99373	\$2.64 (Restricted
99262	9.0		to physician-to-
99263	11.5		physician calls)
99271	8.0	99374	Not covered
99272	12.0	99377	Not covered
99273	16.0	99379	Not covered
99274	22.0	99499	BR
99275	29.0		

The dollar amount listed is the Medicaid allowable.

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CODE	MAXIMUM ALLOWABLE	CODE	MAXIMUM ALLOWABLE
A4263	IC	V2299	IC
V2020	IC not to exceed \$38.22	V2300	IC not to exceed \$28.88
V2100	IC not to exceed \$11.24	V2301	IC not to exceed \$31.03
V2101	IC not to exceed \$13.02	V2302	IC not to exceed \$43.01
V2102	IC not to exceed \$24.76	V2303	IC not to exceed \$30.35
V2103	IC not to exceed \$12.69	V2304	IC not to exceed \$31.52
V2104	IC not to exceed \$13.80	V2305	IC not to exceed \$33.18
V2105	IC not to exceed \$15.17	V2306	IC not to exceed \$35.59
V2106	IC not to exceed \$17.47	V2307	IC not to exceed \$32.66
V2107	IC not to exceed \$14.67	V2308	IC not to exceed \$33.82
V2108	IC not to exceed \$15.77	V2309	IC not to exceed \$35.55
V2109	IC not to exceed \$17.20	V2310	IC not to exceed \$37.90
V2110	IC not to exceed \$19.49	V2311	IC not to exceed \$35.60
V2111	IC not to exceed \$17.40	V2312	IC not to exceed \$36.61
V2112	IC not to exceed \$18.39	V2313	IC not to exceed \$38.25
V2113	IC not to exceed \$19.13	V2314	IC not to exceed \$48.09
V2114	IC not to exceed \$29.64	V2315	IC
V2115	IC not to exceed \$22.93	V2318	IC
V2118	IC	V2319	IC not to exceed \$7.64
V2121	IC not to exceed \$38.20	V2320	IC not to exceed \$6.37
V2199	IC	V2321	IC not to exceed \$54.78
V2200	IC not to exceed \$21.51	V2399	IC
V2201	IC not to exceed \$23.94	V2410	IC
V2202	IC not to exceed \$36.05	V2430	IC
V2203	IC not to exceed \$23.11	V2499	IC
V2204	IC not to exceed \$24.27	V2500	IC
V2205	IC not to exceed \$25.93	V2501	IC
V2206	IC not to exceed \$28.34	V2502	IC
V2207	IC not to exceed \$25.98	V2503	IC
V2208	IC not to exceed \$26.99	V2510	IC
V2209	IC not to exceed \$28.83	V2511	IC
V2210	IC not to exceed \$31.34	V2512	IC
V2211	IC not to exceed \$28.68	V2513	IC
V2212	IC not to exceed \$29.86	V2520	IC
V2213	IC not to exceed \$31.52	V2521	IC
V2214	IC not to exceed \$39.19	V2522	IC
V2215	IC	V2523	IC
V2218	IC	V2530	IC
V2219	IC not to exceed \$3.82		
V2220	IC not to exceed \$6.37		
V2221	IC not to exceed \$40.77		

The dollar amount listed is the Medicaid allowable.

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CODE	MAXIMUM ALLOWABLE	CODE	MAXIMUM ALLOWABLE
V2531	IC	V2760	Included in cost of lens
V2599	IC	V2761	Not covered
V2623	\$1,014.72	V2762	Not covered
V2624	\$52.28	V2770	IC not to exceed \$8.36
V2625	\$423.78	V2780	IC not to exceed \$5.09
V2626	\$228.62	V2781	Not covered
V2627	\$1065.02	V2782	IC
V2628	\$348.50	V2783	IC
V2629	BR	V2784	IC
V2700	IC not to exceed \$44.59	V2786	IC
V2702	Not covered	V2797	Not covered
V2710	IC not to exceed \$50.97	V2799	Frame front/chassis replacement, each, IC not to exceed \$28.66
V2715	IC not to exceed \$25.48		
V2718	IC not to exceed \$19.11	V2799	Temple replacement, each
V2730	IC not to exceed \$12.74	—	
V2744	Not covered		
V2745	IC not to exceed \$6.37		IC not to exceed \$12.42
V2750	Not covered	V2799	Hinge replacement, each – IC not to exceed \$7.64
V2755	IC not to exceed \$7.64		
V2756	IC not to exceed \$1.91	V2799	Nosepad replacement, each - IC not to exceed \$5.73

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